

## Housing to Work Rental Assistance Program Requirements and Participatory Agreement

I understand that I am receiving Section 8 Rental Assistance through the Housing to Work Rental Assistance Program. As a condition of maintaining my rental subsidy, I understand that I must participate in a three year Housing to Work Rental Assistance Program as outlined below:

Year One:	Involvement in a Case Management Program with emphasis on employment related activities which may include job training and job search activities.	or	Maintain employment for a minimum of 3 months per year (total employment, not necessarily consecutive)
Year Two:	Involvement in a Case Management Program with emphasis on employment related activities which may include job training and job search activities.	or	Maintain employment a minimum of 6 months per year (total employment, not necessarily consecutive)
Year Three:	Involvement in a Case Management Program with emphasis on employment related activities which may include job training and job search activities.	or	Maintain employment a minimum of 9 months per year (total employment, not necessarily consecutive)

\_\_\_\_\_  
(Initials) I understand that New Hampshire Housing Finance Authority will maintain regular contact with the Case Management Program in which I am involved and require annual information as part of the Section 8 recertification process.

\_\_\_\_\_  
(Initials) I understand that I need to live in NH for 36 months. Any move out of state within this three year period must receive prior approval from the Housing Authority which may be granted under extenuating circumstances.

\_\_\_\_\_  
(Initials) I understand that if I move out of state during the first 36 months of receiving rental assistance I will be responsible for meeting the minimum work requirements as outlined above or locating a Case Management Program willing to work with NHHFA and notifying NHHFA of that agency's name, phone number and contact person. If I fail to meet these requirements my rental assistance can be terminated.

\_\_\_\_\_  
(Initials) If I move to a state or area with a HUD funded Welfare to Work Voucher Program I may be absorbed or ported to that Housing Authority.

\_\_\_\_\_  
(Initials) I understand that if:

1. I fail to meet the above outlined program requirements,
2. I fraudulently report my employment status or status with a Case Management Program,
3. I violate any other Section 8 violation as noted in Statement of Family Responsibility and Participants' Handbook, or
4. I move out of state during the first 36 months of receiving rental assistance without prior approval of the Housing Authority.

I will have willfully and purposefully violated this agreement and my rental assistance can be terminated.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date